

AMUSEMENT DEVICES AND ARCADE LICENSE

<u>TYPE</u>	<u>FEE</u>
<u>Minor Arcade</u>	\$ <u>      </u>
<u>Major Arcade</u>	\$ <u>      </u>

For licensing period beginning \_\_\_\_\_, 20\_\_; ending \_\_\_\_\_, 20\_\_.

To the City Council of the City of Rhinelander, County of Oneida, Wisconsin.

1. The named \_\_\_ INDIVIDUAL OWNER, \_\_\_ PARTNERSHIP, \_\_\_ CORPORATION/NON-PROFIT ORGANIZATION hereby makes application for the Amusement Device and Arcade License checked above.

2. NAME OF APPLICANT \_\_\_\_\_

ADDRESS OF APPLICANT \_\_\_\_\_  
\_\_\_\_\_

3. List the name, title and address of each member of a partnership, or corporation.

NAME - - - S.S.# - - -.TITLE- - -HOME ADDRESS & PHONE -DATE OF BIRTH- PLACE OF BIRTH

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. NAME OF ARCADE MANAGER \_\_\_\_\_  
ADDRESS OF MANAGER \_\_\_\_\_

Named manager must list in chronological order all occupations for past 5 years.

EMPLOYER'S NAME	EMPLOYER'S ADDRESS	EMPLOYED FROM - TO
-----------------	--------------------	--------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Have you ever been convicted of any felony or misdemeanor for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any municipality? \_\_YES\_\_NO (If yes, give law or ordinance violated, trial court, trial date, penalty imposed, and/or date, description and status of charges pending.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Are there any charges presently pending against you for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any municipality? (If yes, describe charges pending and status) \_\_\_\_\_

7. PREMISES DESCRIPTION. Describe building or buildings where amusement devices are to be operated in. All rooms directly or indirectly accessible and under control of the applicant must be included. (Devices may be operated only on premises described)

Current Zoning Statutes \_\_\_\_\_

Business Address \_\_\_\_\_ Phone \_\_\_\_\_

8. NUMBER OF DEVICES TO BE KEPT ON PREMISES \_\_\_\_\_ (Below describe each by make and type).

9. NAME OF OWNER OF DEVICES \_\_\_\_\_

10. Describe supervision to be provided, operating plan, hours of operation and manner of operation supervision. \_\_\_\_\_

The undersigned, being first duly sworn on oath, deposes and states that he is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that .any license issued contrary to Section 13.10 of the City of Rhinelander Municipal Code shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me  
this \_\_\_\_ day of \_\_\_\_\_,  
20\_\_.

\_\_\_\_\_  
Clerk/Notary Public My Commission  
Expires\_\_\_\_\_

\_\_\_\_\_  
(President of Corp/Partner/Individual)

\_\_\_\_\_  
(Date).

\_\_\_\_\_  
(Secretary of Corporation/Partnership)

TO BE COMPLETED BY CLERK

Date Received and Filed with Municipal Clerk\_\_\_\_\_

Date Reported to Council\_\_\_\_\_ License Number Issued\_\_\_\_\_

Date License Granted\_\_\_\_\_ Date License Issued\_\_\_\_\_